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CONFIRMATION NO. 6276

SERIAL NUMBER 09/239,578	FILING DATE 01/28/1999 RULE	CLASS 703	GROUP ART UNIT 2123	ATTORNEY DOCKET NO. 109869-130041
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APPLICANTS

KAPIL D. SINGH, WESTCHESTER, PA;

** CONTINUING DATA *****

None Appl 9/8/05

** FOREIGN APPLICATIONS *****

None Appl 9/8/05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/16/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 5	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>Appl 9/8/05</i>	Initials		

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TITLE

METHOD AND APPARATUS FOR REUSING SUBPARTS OF ONE MECHANICAL DESIGN FOR ANOTHER
 MECHANICAL DESIGN

FILING FEE RECEIVED 1154	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/239,578	01/28/99	707	2776	06089.P007

APPLICANT

KAPIL D. SINGH, WESTCHESTER, PA.

CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA***
VERIFIED

FOREIGN APPLICATIONS***
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/16/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	Examiner's Initials _____ Initials _____	PA	5	26	5

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#25943

TITLE

METHOD AND APPARATUS FOR REUSING SUBPARTS OF ONE MECHANICAL DESIGN
FOR ANOTHER MECHANICAL DESIGN

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$1,154		